

Newborn Information
Pediatric Clinic - Peterson Air Force Base, Colorado

Feeding

Breast feeding - Breast milk is a complete food and is the best source of nutrition for your baby. It has all of the essential nutrients, vitamins and minerals your growing infant needs. Frequent emptying of the breast produces more milk, and will make your baby more content. The newborn infant has a very small stomach, and will need to feed more frequently to get the needed calories for each day. You should be feeding around every 2-3 hours, day and night, for the first 2 weeks. This prevents your infant from becoming dehydrated, or losing too much weight. Once your infant is 2 weeks old, he will be able to adjust his feeding schedule to his needs. Once your infant becomes used to breast feeding, he will feed 10-15 minutes on each breast. If you become engorged with milk before it is time for your baby to feed, pump a small amount from each breast, use ice packs on your breasts, or take a warm shower to relieve the discomfort. After feeding, the best way to prevent cracked and sore nipples is to rub a small amount of breast milk on your nipples, and allow them to air dry. Poor latch on or positioning of the baby's head during feeding can also cause sore nipples. Please come talk to us, if you have any questions about breast feeding.

Formula is also a well balanced and complete food. Offer 2-3 ounces every 3 hours, or more frequent on demand. Formula fed babies do not need to be fed as often as breast fed babies, because formula takes longer to digest. Until 2 weeks, she should still be fed no less often than every 3 hours, including at night. Any cow's milk based formula **with iron** is an acceptable alternative to breast feeding. You do not need to boil the base water to mix the formula.

Fluoride - After 6 months of age, if you are using bottled water for formula fed babies, your infant will need fluoride drops. If you are using tap water, this is not necessary. For breast fed babies, unless they are taking tap water separately, they will need fluoride drops.

Water - Until your baby starts eating solid foods at 4-6 months, he'll usually get all the water he needs from the breast milk or formula. During the summer, you could try 4 ounces of water a day, if needed. Do not force the water, or add any sweeteners to it.

Solids - Do not offer your infant any solid food in the first 4 months. She cannot properly digest these foods, and they may cause food allergies. Solids and juices are best after 4 months of age.

Iron - Only breast milk or iron fortified formula is a good source of nutritious liquid through the first year. Cow's milk can be started when your infant reaches 1 year of age. Until then, cow's milk can lead to iron deficiency anemia.

Honey - Never give your infant honey in the first year of life. Honey contains a type of bacteria, which infants cannot digest, and may lead to a fatal illness.

This information may be new for a lot of grandparents, so help teach them about changes in infant diets. A lot of well intentioned relatives or friends may give you different advice than we have, but remind them that you want only the best nutrition for your baby.

Normal Newborn Behavior

Newborns sneeze, hiccup, and snuffle all the time. This is normal, and should not cause alarm.

Pimples or baby acne can also occur. This can last for 4-6 months. Do not use any perfumed soaps (including most baby bath products), lotions, or creams, as these can make the acne worse.

Hormonal changes - Vaginal discharge and bleeding in little girls can be common the first couple of weeks, due to maternal hormones. For the same reason, breast tissue enlargement can occur in either sex child. These will resolve spontaneously. There is no reason for treatment. Do not massage the breast tissue.

Wet and dirty diapers will occupy most of your time the first couple of months in your newborn's life. The first urine output and bowel movement should occur before your infant reaches 24 hours of age. Alert your doctor if this has not occurred. Breast fed babies can stool as frequent as after every feeding to as little as every 7 days. Formula fed babies can stool as frequent as after every feeding to as little as every 3 days. As long as the stool is a normal consistency, do not be alarmed about the frequency. For color, stools start as black and tarry, progress to a green paste, and then may look like yellow mustard with seeds in it. Grunting and pushing during bowel movements is normal, and not a sign of constipation.

Bowel gas is normal. If your infant seems uncomfortable due to bowel gas, you can alleviate the pressure by rubbing her tummy, or laying her face down on your lap and patting her back. If bowel gas seems more problematic, Mylicon drops can be used, as per the directions on the box.

Spitting up is normal. What seems to us like a large amount is usually only $\frac{1}{2}$ - 1 teaspoon. As long as the spit up looks like curdled breast milk or formula or mucous, that is normal. If the vomit becomes yellow, green, or bloody, please bring your infant in to the hospital for an evaluation. To decrease spittiness, try burping the baby more often during feeding and longer, as well as keeping his head elevated for 15-30 minutes after feeding.

Crying is a normal infant method of communication. Just as we talk throughout the day, babies will cry, especially newborns. The normal newborn cries on average of 3-4 hours a day. When your baby cries, you should check her to ensure that she does not need to be fed, or changed. If everything is fine, you can pick her up or feel assured in walking away for a few minutes. For the first 3-4 months, you may want to gradually work in the idea of walking away, as most babies do not spoil easily those first few months, and holding them will increase bonding. However, you should also hold your baby for a few hours each day, when she is NOT crying; this will actually decrease her fussy crying time. If you do start to train your infant by walking away, continue checking on her, gradually increasing the amount of time that you are away (for example, leave her for 2 minutes, then 5, then 10, then 15). This is a great way to train older infants to soothe themselves, as well.

Abnormal Behavior - Potential Problems

Fever - Any temperature (taken rectally) of 100.5 degrees or higher is a cause for alarm in an infant less than 2 months of age. Bring your infant to the clinic or ER IMMEDIATELY! You do not need to take your baby's temperature unless he feels warm, or has other signs of illness. Temperature can be elevated if the infant is overbundled. Most babies just need 1 more layer of clothing than an adult does in a similar environment. If you feel that a "fever" is due to overbundling, unwrap the baby for 30 minutes, and re-take the temperature.

Cough - A persistent cough is not normal, especially in the first 2 months of life. Bring your infant in to the clinic or ER if she is coughing.

Urine output - Less than 5 wet diapers per day is abnormal. For breast fed babies, > 5 wet diapers per day does not occur until after the breast milk supply is well-established - about 4-5 days.

Feeding - Poor feeding, or signs of distress during feeding are not normal. Signs of distress include panting, sweating, turning blue, sputtering, or breaking off frequently.

Irritability / lethargy - Persistent crying, despite all measures by the parents to calm the baby, is not normal. This is called irritability. By the same token, sleeping when the baby is expected to be awake, and the inability to wake the baby is not normal. This is called lethargy. These are both causes for concern, and the baby should be brought to the hospital as soon as possible.

Colic occurs from 3 weeks to 3 months, and often presents as prolonged periods of crying at the same time each evening. These infants are difficult to console, but the pattern of when the crying occurs is usually predictable. If you think your infant is colicky, and not irritable (see above paragraph), she should still be brought in for an evaluation, but this is a less emergent situation. If you feel yourself or your spouse getting frustrated with a colicky baby, bring him to a neighbor or friend, and GIVE YOURSELF A BREAK! We have "Give Parents a Break" nights once a month. Whatever you do, please don't allow yourself to get so frustrated that you shake or harm

your baby. Even if this means calling the hospital in the middle of the night, and informing the providers in the ER that you are so frustrated that you feel like you may shake your baby, please call us first.

Safety

Car seats - A car seat for a child under 20 pounds **AND** (not or) 1 year of age, should face the rear of the car, and be placed in the back seat. Any other position can be harmful for your infant in the event of a car accident, which is all too prevalent in Turkey.

Back to sleep - Put your baby to sleep on her back on a firm mattress for the first year. Even though your parents may have let you sleep on your side or tummy, studies in recent years have PROVED an increased risk of Sudden Infant Death Syndrome (SIDS) is present for infants sleeping on their sides or tummies. Please help us to keep your baby safe, and keep her on her back. When infants start rolling, they may sleep in other positions. You do not need to reposition them in the middle of the night.

Falls - Protect your infant from falls. From birth, get used to keeping one hand on your baby whenever he is on an elevated surface - couch, changing table, etc. Your infant can startle at any noise and accidentally roll off any surface he is laying on.

Bathing/Umbilical cord care - Until the umbilical cord falls off, only give your infant sponge baths. Keeping the umbilical cord dry speeds this process. For this reason, we also recommend using alcohol on the cord with every diaper change until it separates. This does not hurt your baby, but he may cry from the cold temperature of the alcohol. About 24 hours after the cord separates, you may give your infant a true bath. Never leave your infant unattended while in the bathtub, even for a few seconds. Every year, many infants and young toddlers drown, and this can occur in a very small amount of water.

Passive smoke exposure - Safeguard your infant from the effects of second hand smoke. Even people who smoke outside, and not around the baby, can still expose him to second hand smoke from their clothes. If you smoke, it is recommended that you do smoke outside the house, and change your shirt before holding the baby again.

Sun safety - Infants under 6 months of age should be covered when outdoors to prevent sun exposure. After 6 months of age, you may use sunscreen of SPF 15 or higher to protect them from harmful ultraviolet rays. Be careful to avoid the mouth, eyes, and hands.

Insect repellent - Insect repellent is not recommended until 6 months of age. After that time, you may use an insect repellent with 6-10% DEET. Be careful to avoid the mouth, eyes, and hands.

Development

Your baby will only be able to focus 8-11 inches from her face. She learns to socialize by watching you smile, talk to her, and interact with her. It is important to learn your infant's preferences, because she is an individual, and may not like the same textures, tastes, or room temperature as you do, or other family members do. In time, you will learn her preferences, as well as her cues to you about her likes and dislikes.

Talk to your baby in real words. Whenever you are reading, read aloud to your infant. At a minimum, spend 15 minutes a day reading with him. This is an investment in his future school performance and development.

Don't let your baby get in the habit of falling asleep in your arms before bedtime. Put her in her own crib drowsy, but still awake. This way, if she stirs slightly in the middle of the night, and is not hungry or wet, she will learn to soothe herself back to sleep. This will enable you to get more sleep, which is always important in those first few months. It is not harmful if you choose to have your baby sleep in your bed. However, your child does not need this arrangement to feel secure and happy. This will also make it more difficult to break this habit, and allow the child to sleep in her own bed, later in life.

Medical Schedules

Well baby check ups - Birth - make an appointment in Pediatrics for within 72 hours after discharge from the hospital for a weight check, if instructed by the discharging provider, or if released before 48 hours of life.

-2 weeks, 2 months, 4 months, 6 months, 9 months (optional), 12 months, 15 months (optional), 18 months, 2 years; after 2 years - every 6-12 months if child has a chronic medical condition; otherwise, we recommend annual visits.

Other appointments -Circumcision - before 1 month of age, if it is to be performed by your child's Primary Care Manager (PCM).

-Birth - Betina Hicks, RN - Nurse with New Parent Support Program. Call 556-7022 to set up an appointment and/or home visit.

Immunizations / Labs: 2 months - DTaP, IPV, Comvax (Hib and Hep B), Prevnar

-4 months - DTaP, IPV, Comvax (Hib and Hep B), Prevnar

-6 months - DTaP, Prevnar, lead test if needed

-12 months - IPV, Varivax, MMR, TB test if needed

-15-18 months - DTaP, Comvax, Prevnar, blood test for anemia (CBC), lead test if needed

-2 years -Lead test if needed

-3 years - Lead test if needed

-4 years - DTaP, IPV, MMR, TB test if needed, lead test if needed

-10-12 years - Td booster, TB test if needed

Hospital Information: The Pediatric Clinic is open from 0715 - 1630 hours on normal duty days.

-Same day appointments for urgent concerns can be made for the Pediatric Clinic via the Nurse Triage Line (556-CARE) - option #1. These appointments cannot be made until 0730 hours, when staff is available to take calls.

-We do not have a walk-in clinic, with the exception of technician appointments. Technician appointments are for such problems as a throat culture (you will not be seeing a provider), follow-up wart freezing/removal (follow-ups only), and suture removals.

-Routine appointments for problems lasting more than a couple of days, often take 7 days to obtain, so please call the Tricare Central Appointment Line (264-5000) in advance.

-Well baby checks, and physicals also often take 1-2 weeks to get, so please call Central Appointments in advance.

-Telephone consults can be left for your provider by calling 556-1140, 556-1141, or 556-CARE. There is a maximum turn around time of 72 hours, so for urgent concerns please make an appointment in the clinic or bring your child to the ER for evaluation. A nurse/technician will respond to your call as soon as possible, and bring your problems to the attention of the provider, if he/she cannot address them.

-Messages and notes needing physician signatures for school/daycare can be left at the front desk of the Pediatric Clinic and picked up the following day.

-Nights/Weekends:

-You may call 1-888-887-4111 to speak with a nurse on the Tricare Nurse Advice Line at any time.

-You may call 556-CARE to speak with a nurse or provider about **urgent** problems at any time. After 1630 hours on weekdays, after 1200 hours on weekends, and all day on holidays, this number will transfer you to an answering service, where you may leave a message for the provider on call. A Triage Line nurse will not be available during these hours, but the Tricare Nurse Advice Line is.

-There is a clinic available to Pediatric patients over the age of 2 on the weekend; it is run by the Family Practice Clinic at Peterson AFB. Please call 556-CARE between 0730 and 1200 hours, and the nurse/doctor will determine if you need to be seen (Option #3).

-Go to the US Air Force Academy or Fort Carson Emergency Room (ER) in the event that your child has an urgent problem during off-duty hours. **You do not need approval from a doctor prior to going to a military ER!** If you believe your child's condition is life-, limb-, or eyesight-threatening, please go to the closest ER, and let us know **as soon as possible**, so we can arrange for payment of the bill through TRICARE. **You do not need prior approval in emergencies!** If you happen to be traveling (not near a military facility), and a non-emergent situation occurs, you **do** need approval before going to a civilian ER.